

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000025492

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC3380845692**

**Entity Name:** ASSETS RECOVERY 26, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-4594129

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ASSETS RECOVERY 23, LLC  
2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FRATANGELO, JAMES	Name	COOSEMANS, DANIEL
Address	2100 PONCE DE LEON BLVD, SUITE 720	Address	2100 PONCE DE LEON BLVD, SUITE 720
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES FRATANGELO

**MGR**

**01/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date